

CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1				
2				
3				
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47				
48				
49				
50				
Total Indep.	1			
Total Depend	9			
Total Claims	10			

CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
51				
52				
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99				
100				
Total Indep.				
Total Depend				
Total Claims				